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ABSTRACT

This guide examines how the Americans with Disabilities Act of 1990 has focused attention on the issue of the relationship between disabilities and the increased risk for alcohol and other drug problems. A number of reasons for increased risk of drug use in individuals with disabilities are discussed, such as medication use, health concerns or chronic pain, peer group differences, fewer social supports, and enabling of alcohol and other drug use. Disability categories identified as at risk for alcohol and other drug use are examined, including attention deficit disorder, blindness and visual impairments, deafness and hearing loss, hidden disabilities, learning disabilities, mental illness, mental retardation, mobility limitations, and traumatic brain injury. The guide then cites needs in the area of drug abuse prevention for this population, including research, access to appropriate prevention information, early identification of problems, and access to appropriate treatment. Activities that can address these issues are noted. The distinction between use, abuse, and dependence is explained. A list of 16 materials available from the Resource Center on Substance Abuse Prevention and Disability is provided. (13 references) (JDD)

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RESOURCE CENTER ON SUBSTANCE ABUSE PREVENTION AND DISABILITY

AN OVERVIEW OF ALCOHOL AND OTHER DRUG ABUSE PREVENTION AND DISABILITY

The passage of the Americans with Disabilities Act (ADA) of 1990 was a significant landmark for people with disabilities. It reaffirmed through government enforcement that people with disabilities have equal access to society, including the right to a full and productive lifestyle. The increased public awareness stemming from the ADA has focused attention on a variety of disability issues which previously were ignored. One such issue is the relationship between disabilities and the risk for alcohol and other drug problems. As societal myths about disabilities disappear, people with disabilities can acknowledge that they are subject to the same dilemmas experienced by others.

A Definition of Disability

The ADA defines a person with a disability as anyone who either:

1. has a physical and/or mental impairment that substantially limits one or more major life activities; or,
2. has a record of such an impairment; or,
3. is regarded by others as having such an impairment.

The increased focus on alcohol and other drug abuse and disabilities is timely. Recent studies suggest that a person with a disability is at higher risk for alcohol and other drug

abuse problems. For example, alcohol and other drug abuse rates for people with disabilities may range from 15 to 30 percent of all people with disabilities (Buss and Cramer, 1989; de Miranda and Cherry, 1989). Alcohol and other drug abuse rates for people with certain disabilities such as spinal cord and head injury exceed 50 percent of those populations (Heinemann et al., 1989; Sparadeo and Gill, 1989). These figures are considerably above the national average.

Approximately 43 million Americans meet the ADA disability criteria. While the nature of their disabilities vary widely, all share an increased risk for alcohol and other drug abuse. There are a number of reasons for this fact. Clearly, people with disabilities may abuse alcohol and other drugs for all the same reasons as their non-disabled peers. However, the higher risk reflects a number of other reasons directly related to the existence of a disability. These include:

- medication use;
- health concerns;
- chronic pain;
- peer group differences;
- increased stress on family life;
- fewer social supports;
- enabling of alcohol and other drug use by others;
- excess free time; and
- lack of access to appropriate alcohol and other drug abuse prevention resources.

Examples of Risk Factors

Medication Use: People with disabilities often use medications over extended periods of time. The use of from two to five concurrent prescribed medications may be average for some disabilities (Moore and Siegal, 1989). Those who use prescribed medication require specialized information on how those drugs influence behavior or interact with other drugs such as alcohol. Disabilities as diverse as arthritis, epilepsy, and cystic fibrosis may place a person at risk for problems related to medication use.

Health Concerns or Chronic Pain: The special medical conditions associated with some disabilities can decrease tolerance for alcohol and other drugs. The problems associated with decreased tolerance include dangerous levels of intoxication, especially when medications are combined with alcohol. There may be a corresponding increase in risk for accidents from alcohol and other drug misuse due to pre-existing balance, mobility, or vision impairments. Also, people who experience chronic pain or discomfort are far more likely to either become dependent on prescribed medications, or use other drugs such as alcohol, to attempt temporary release from the discomfort.

Peer Group Differences: People with disabilities, especially those who acquired the disability before adulthood, may have less opportunity for association with peer groups. These social limitations can result in gravitation to peer groups which tolerate abuse of alcohol or other drugs. This also means that people with disabilities may be more vulnerable to alcohol and other drug abuse through peer pressure due to a lack of social experience or a need for acceptance.

Fewer Social Supports: People who experience disabilities tend to have fewer social outlets and have related problems with underutilization of time. Both of these conditions contribute to

alcohol and other drug abuse risk. When a person has fewer social options, it can be difficult to change friends in order to avoid negative influences. There may be greater difficulty in locating sober social settings when attempting recovery from alcohol or other drug dependency. Few Alcoholics Anonymous meetings include sign language interpretation, and a number of meetings are physically inaccessible to those with mobility limitations. Even when an Alcoholics Anonymous meeting is accessible, members may not understand the issues associated with managing chronic pain, or having to take a medication although it is considered mind altering.

Enabling of Alcohol and Other Drug Use: Family, friends, and professionals may inadvertently encourage people with disabilities to misuse alcohol and other drugs. Enabling may be motivated by misplaced feelings of compassion, guilt, frustration, or camaraderie. Enabling of alcohol and other drug abuse is a particular problem for people with disabilities because of societal misunderstandings about the issues involved.

"One of the basic tenets of physical rehabilitation is that a person must accept their limitation if rehab is to succeed. The recovery community has much to teach the disabled community about this concept. Both...share the same paradox. In order to transcend the condition, one must surrender to its reality. Drinking alcohol is a highly valued social custom. Able-bodiedness is also a value-asset in our culture... Each group, people with disabilities and people in recovery, can support and assist each other to achieve a better quality of life."

—Anthony Tusler
President, Institute on Alcohol,
Drugs and Disability

Disabilities and Risks

The disability categories which have been identified as at risk for alcohol and other drug abuse or are prevention and treatment services include:

Attention Deficit Disorder: If attention deficit disorder (ADD) persists into later adolescence, alcohol and other drug abuse and oppositional-defiant behavior occur in over 50 percent of the diagnosed persons (Hechtman, et al., 1984). Additionally, many young people with ADD are prescribed medications for behavior control, and this also may be a risk factor for some forms of subsequent alcohol and other drug abuse.

Blindness and Visual Impairments: Increased risks for alcohol and other drug abuse problems among people who are blind have been associated with isolation, excess free time, and under-employment (Nelipovich and Buss, 1989). People with visual impairments may face fewer consequences from alcohol and other drug abuse due to the enabling of others, social isolation, and constraints imposed by the disability. The treatment requirements may differ for those whose alcohol and other drug abuse has preceded, rather than followed, the onset of the visual impairment (Glass, 1980-81).

Deafness and Hearing Loss: People with severe hearing loss or deafness do not have ready access to appropriate alcohol and other drug information. When problems exist, treatment also is inaccessible (Sylvester, 1986). Alcohol and other drug abuse prevention materials frequently do not take into account the cultural, language, or communication differences indigenous to people who are deaf or have a hearing loss. There also is concern that people who are deaf attempt to avoid the additional social stigma associated with an alcohol and other drug abuse label, thereby making detection of problem use more difficult (Boros, 1981).

Hidden Disabilities: For people with hidden disabilities, there are increased risks for alcohol and other drug abuse which may not be immediately apparent. These can include decreased tolerance of mood altering drugs, atypical childhood experiences, lower resistance to peer pressure, over-protection by family members, and the use of long-term medications. These risks are increased when teachers, employers, or peers do not understand how needs or behavior are related to a disability that is not obvious.

Learning Disabilities: People with learning disabilities are more prone to misunderstanding alcohol and other drug education and prevention materials, placing these individuals at greater risk for injuries and other consequences of abuse. Unfortunately, people with learning disabilities may be in greater need of prevention information. This is because unsuccessful peer group and school experiences can hasten the use of alcohol and other drugs in order to cope with feelings of low self-esteem, perceived underachievement, and rejection.

Mental Illness: People with mental illness appear to experience recurring alcohol and other drug abuse problems at rates which are double that of the general population. Over 50 percent of young, mentally ill patients are reported to experience alcohol and other drug abuse problems (Brown et al., 1989).

Mental Retardation: Research indicates that people with mental retardation use alcohol and other drugs less than or similarly to the general population (DiNitto and Krishef 1984; Edgerton, 1986; Westermeyer et al., 1988). However, the legal, social, and work problems are more readily experienced than by non-disabled peers or family members, even when the person with mental retardation is consuming less. This is because judgment and other social skills require more concentration to begin with, and there-

fore are more influenced by even small amounts of alcohol consumption.

Mobility Limitations: People with a variety of disabilities may have mobility limitations (e.g., spinal cord injury, arthritis, cerebral palsy). As many as 50 percent of spinal cord injuries are caused by an injury involving alcohol or other drugs. Many continue to be at risk for alcohol and other drug abuse problems after the injury (Heinemann et al., 1988; Sparadeo and Gill, 1989). Some people with mobility limitations are required to take several medications for health management. This situation greatly increases risk for complications arising from alcohol or other drug misuse (Moore and Siegal, 1989).

Traumatic Brain Injury: Alcohol abuse has been associated with traumatic brain injury (TBI) in over half of all occurrences. It appears to be associated in many cases with lifestyles where alcohol and other drug abuse and risk taking were common (Sparadeo, et al., 1990). Specialized alcohol and other drug abuse treatment often is necessary for people with TBI.

Resource: *Don't Worry, He Won't Get Far on Foot* is an autobiography written by cartoonist, John Callahan. It is an uncensored account of a cartoonist who is both quadriplegic and a recovering alcoholic. It was published in 1990 by Vintage Books, a division of Random House, Inc., New York. The book can be found in most bookstores.

Chemical dependency is recognized by the American Medical Association as a chronic, progressive disease. The disease may be manifested by the onset of problems in any or all areas of a person's life and will ultimately lead to death if left untreated. Although there is no cure for this disease and it will not spontaneously resolve, recovery is possible, but involves more than merely limiting chemical use. Recovery is achieved through abstinence from mood-altering chemicals, participation in a treatment program, and on-going support. The disease cannot be treated by attempts to resolve other identified problems which may be attributed to the disability. Those problems are usually the result of the chemical dependency, and cannot be resolved until the chemical dependency is treated.

Those persons who have chosen to remain chemically free and to become actively involved in a recovery program are gaining self-esteem, self-respect, self responsibility, and beginning the process of accepting their disabilities. They are experiencing better health, and developing alternative means of managing chronic pain, sleep disorders, spasticity and stress. New social experiences are replacing isolation; and healthy relationships are replacing abusive, dependent ones. Many have developed more independent lifestyles, become involved in vocational and avocational activities, and resolved financial and legal difficulties.

—Sharon Schaschel and Dennis Straw
Abbott-Northwestern Hospital
Sister Kenny Institute

What Is Needed

Research: A limited number of studies have begun to identify and analyze the scope of needs relative to alcohol and other drug abuse among people with disabilities. Unfortunately, there is a lack of information in this area. Existing information often is based on clinical observations or research involving small groups at a single facility.

Access to Appropriate Prevention Information: People with disabilities frequently encounter limited access to alcohol and other drug abuse materials or treatment programs. This problem is critical considering the risks which have been identified. "Prevention" most often is focused on eliminating problems before they start. For this reason, particular emphasis is placed on alcohol and drug education during school years. For young people with disabilities, this can include information on medication use, interaction and socialization skills, and learning about independent living options.

Traditional prevention models are not always appropriate for people with disabilities because they do not take into account the special risk factors associated with disability. In many cases, alcohol and other drug abuse prevention materials require modification if they are to be appropriate for persons with disabilities. The required modifications may include:

- transcribing materials into braille, large print, audio cassette, or some form of sign language;
- modifying materials for persons with special learning requirements, such as those associated with a learning disability or mental retardation.

Early Identification of Problems: Providing appropriate access to treatment begins with the identification of alcohol and other drug abuse behaviors. Too often, people with disabilities are not identified as considerably more difficult to treat (Moore and Polsgrove, 1989). The conse-

quences of abuse can be "hidden" behind the disability without most people even suspecting a problem.

Access to Appropriate Treatment: When alcohol or other drug abuse has been identified and an intervention has taken place, the next step is often treatment. Treatment may include individual and group counseling, family counseling, education about alcohol and other drug abuse, and involvement in self-help groups, such as Alcoholics Anonymous.

Even when treatment is sought, it is the exception rather than the rule when a program has experience in accommodating the needs of people with severe disabilities. The treatment program accommodations required may include:

- the need for an interpreter knowledgeable about alcohol and other drug dependency;
- physical modifications to the building;
- staff training;
- special nursing or attendant care;
- an altered theoretical approach to treatment; and
- availability of self-help support groups specific to disabilities.

"Creating a treatment environment that is both welcoming and user friendly requires paying attention to just about every aspect of the program. We are working to raise the awareness level of staff, modify treatment components, and make architectural changes all at the same time. Because our program encourages attendance at AA and NA meetings we are looking for twelve step meetings that are held in accessible places."

—Paula Swink

Director

Chemical Dependency Center
Mills-Peninsula Hospitals

How You Can Help

There are several activities which can help address alcohol and other drug abuse and disability issues. The same activities are worth considering regardless of whether one comes from an alcohol and other drug, or disability-oriented, background. Most of the following activities also apply for people with disabilities who are acting as consumer advocates, or for family members with an interest in this area.

- Form a coalition of interested and knowledgeable people who are aware of the issue of alcohol and other drug abuse and disability. Make certain to include strong representation by people with disabilities, as well as any professionals with specific expertise to address the problem.
- Survey local alcohol and drug abuse agencies, as well as schools and disability organizations in order to assess the level of need and awareness of this issue. Identify those that are most active in this arena. Use the networks already established in the community.
- Identify and distribute disability-specific alcohol and other drug prevention material to those locations most in need. Include alcohol and other drug dependency treatment programs, disability agencies, schools, and local policy makers.
- Identify or sponsor local support groups which focus on alcohol or other drug abuse for people with disabilities.
- Encourage local governments to pay more attention to this issue.
- Make certain that your agency or organization has specific policies and procedures which address alcohol and other drug abuse. Make policies enforceable.
- Become familiar with the signs and symptoms of alcohol and other drug abuse, and with what to do when you suspect someone with a disability is experiencing problems in this area.

ETC.

This space has been provided for you. Make notes or write questions that you want to ask resource organizations or agencies.

For Easy Reference Alcohol and Other Drug Terms

■ **USE means:** the consumption of alcohol and other legal drugs by people of legal age. "Use" implies moderate consumption which has no adverse physical, psychological, or social consequences. A person with a disability may have to be particularly mindful of all medication or alcohol use due to decreased drug tolerance or other disability-related factors and the risks involved.

■ **ABUSE means:** consuming alcohol or other drugs to the extent that problems result from that use. These may include impaired school or work performance, deteriorating personal relationships, separation from family, and regular financial problems. The amount one consumes is not as important in defining "abuse" as are the consequences experienced because of that consumption.

The consumption of any illicit drug by adults is considered abuse, and the consumption of alcohol or other drugs by underage youth is considered abuse. For persons with disabilities, it is sometimes comparatively easy to obtain illicit drugs, either by trading excess habit forming medications, or because persons provide the drugs out of feelings of sympathy.

■ **ALCOHOL AND OTHER DRUG DEPENDENCE means:** that a person reaches a point at which he or she will continue to make painful or injurious decisions to abuse alcohol and other drugs in spite of recurring problems. Some of the common symptoms of dependency for persons with disabilities are heavy and inappropriate use of medications, drinking in combination with medication use, excessive time spent in using or acquiring alcohol and other drugs, frequent intoxication (sometimes without others realizing this), and continued use of drugs despite adverse consequences. Persons must experience problems for at least one month or repeatedly over a longer period of time in order to be considered dependent (DSM III, R)

Available Resource Center Materials

To learn more about this issue, contact the Resource Center to obtain the rest of the set of materials, *Alcohol and Other Drug Abuse Prevention and Disability*. The sections include:

An Overview on Alcohol and Other Drug Abuse Prevention and Disability

A Look at Alcohol and Other Drug Abuse Prevention and...Americans with Disabilities

A Look at Alcohol and Other Drug Abuse Prevention and...Attention Deficit Disorder

A Look at Alcohol and Other Drug Abuse Prevention and...Blindness and Visual Impairments

A Look at Alcohol and Other Drug Abuse Prevention and...Deafness and Hearing Loss

A Look at Alcohol and Other Drug Abuse Prevention and...Hidden Disabilities

A Look at Alcohol and Other Drug Abuse Prevention and...Learning Disabilities

A Look at Alcohol and Other Drug Abuse Prevention and...Mental Illness

A Look at Alcohol and Other Drug Abuse Prevention and...Mental Retardation

A Look at Alcohol and Other Drug Abuse Prevention and...Mobility Limitations

A Look at Alcohol and Other Drug Abuse Prevention and...Traumatic Brain Injury

A Look at Alcohol and Other Drug Abuse Prevention and...Disability and Health Implications

A Look at Alcohol and Other Drug Abuse Prevention and...Disability and Enabling

A Look at Alcohol and Other Drug Abuse Prevention and...Disability and the Family

A Look at Alcohol and Other Drug Abuse Prevention and...Service Delivery Settings

A Look at Alcohol and Other Drug Abuse Prevention and...Symptoms Checklist

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This information was developed as a part of a set of materials on alcohol and other drug abuse prevention and disability. Other documents on specific topics are available upon request.
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